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APPLICANTS

Udo Woersdoerfer, Landsberg, GERMANY;
 Markus Koegler, Buchloe, GERMANY;

** CONTINUING DATA ***** *No*

** FOREIGN APPLICATIONS ***** *VPS*
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IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	STATE OR COUNTRY GERMANY	SHEETS DRAWING 4	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 3
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ADDRESS
 30377
 DAVID TOREN, ESQ.
 ABELMAN FRAYNE & SCHWAB
 666 THIRD AVENUE
 NEW YORK, NY
 10017-5621

TITLE
 Dispensing system and squeezing-out device and storage container for the dispensing system

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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